



RECEIVED  
CENTRAL FAX CENTER

JAN 23 2007

COMPANY: \_\_\_\_\_

ATTN: Jeff Harold

DATE: 1/23/07

FAX NUMBER: 571-273-8300

FROM: Bernadine PPhone

NUMBER OF PAGES: (Including Cover Page) 2

☐ ACKNOWLEDGEMENT REQUESTED

MESSAGE: Thanks Jeff, could you

Please Fax the approval to me A.S.A.P.

Also, The best phone # is 734-673-8784 (cell)

back up is 248-865-9567.

Phone (248) 919-3299 • Fax (734) 455-1699 • [www.nbdservices.com](http://www.nbdservices.com)

TO: Bernadino Pavone COMPANY:

RECEIVED  
CENTRAL FAX CENTER

JAN 23 2007

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. CMB 068 1-0036

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/084045
Filing Date	
First Named Inventor	Bernadino
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number.

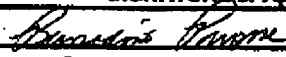
☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Bernadino PAVONE		
Address	3995 Lakeland Lane		
City	Bloomfield	State	Michigan
Country	USA	Zip	48302
Telephone	248-865-9567	Email	bpavone@nbdservices.com
I am the:			
<input checked="" type="checkbox"/> Applicant/Inventor.			
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Bernadino PAVONE		
Date	1/23/07	Telephone	248-865-9567

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 39 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.